

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 4032

Registered No. \_\_\_\_\_

## 1. PLACE OF BIRTH

County Navajo

Township Ft. Apache Indian Reservation

City Whiteriver

State Arizona

or Village \_\_\_\_\_

## 2. Full name of child

(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
(Not Named) Paxon

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If child is not yet named, make supplemental report, as directed)

3. Sex  
Female

If plural births \_\_\_\_\_

4. Twin, triplet, or other \_\_\_\_\_

6. Premature \_\_\_\_\_

7. Legitimate? Yes

8. Date of birth

September 15 32  
(Month, day, year)

9. Full name

FATHER  
Philip Paxon

18. Full maiden name

MOTHER  
Bernice Antonio

10. Residence (usual place of abode)  
(If non-resident, give place and State)

Whiteriver, Ari

11. Color or race Indian

12. Age at last birthday 36 (Years)

13. Birthplace (city or place)

Whiteriver

(State or country) Arizona

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Stockman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Ranch- Cattle

16. Date (month and year) last engaged in this work

September 32

17. Total time (years) spent in this work 17

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation \_\_\_\_\_

(months or weeks)

29. Cause of stillbirth \_\_\_\_\_

Before labor \_\_\_\_\_

During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive

at 8 A.M. m. on the date above stated

(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Unattended.

M.D.

or \_\_\_\_\_

Midwife

Address \_\_\_\_\_

Filed 9/18/32, 19 \_\_\_\_\_

Even named added from supplemental report \_\_\_\_\_

(Date of)

075-915-216

Registrar.

John C. Shupp  
Registrar.